

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U- 10853

2 Fiscal Year Covered From:

7 / 1 / 04 Through 12 / 31 / 04

3 Name and address of person filing

Name Steven L Schindler

P.O. Box, Bldg, Room No., if any PO Box 1234

Street RT 1 Box 1234

City HARDEN MT

State MONTANA ZIP Code + 4 59034

4 Name, file number, and address of labor organization.

Name Operating Engineers Local 400

Labor Organization File Number 065690

P.O. Box, Building and Room Number, if any PO Box 5929

Street 2737 Airport Rd

City Helena, MT

State MONTANA ZIP Code + 4 59604

5 Position in labor organization. Vice President

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6 Name and address of Employer (including trade name, if any)

Name

Trade Name, if any:

P.O. Box, Bldg, Room No., if any

Street

City

State ZIP Code + 4

7 a Nature of Interest, Transaction, or Income.

7 b Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed [Signature]

On 8/11/05
Date

406-665-2765
Telephone Number

| | |
|-----------------------|----------------|
| Name of Person Filing | File Number U- |
|-----------------------|----------------|

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

| | |
|--|---|
| 8 Name and address of Business (including trade name, if any). Name <input type="text"/> Trade Name, if any <input type="text"/> P O Box, Bldg, Room No, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/> | 9 Business deals with. <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer |
| 10 If 9.b or 9 c. is checked give trust or employer's name Name <input type="text"/> <i>Operating Engineers Trust</i> Trade Name, if any <input type="text"/> <i>Health Trust</i> P O Box, Bldg, Room No., if any <input type="text"/> <i>PO Box 3484</i> Street <input type="text"/> <i>111 West Cataldo</i> City <input type="text"/> <i>SPOKANE, WASHINGTON</i> State <input type="text"/> ZIP Code + 4 <input type="text"/> <i>99205-0484</i> | 11.a Nature of such dealing <input type="text"/> <i>Travel Expense And host wages From Work</i> 11 b. Approximate dollar value of such dealing <input type="text"/> 12.a Nature of interest held or income received. <input type="text"/> 12.b. Amount. <input type="text"/> |

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

| | |
|--|--|
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input type="text"/> Trade Name, if any <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/> | 14.a Nature of payment. <input type="text"/> 14 b. Amount of payment. <input type="text"/> |
| 13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ? | |

1:39 PM

07/25/05

Montana Operating Engineers Construction & Mining Industry
Vendor QuickReport
January through December 2004

| Type | Date | Num | Memo | Account | Clr | Split | Amount |
|-----------------|-----------|------|------|------------------|-----|-----------|-----------|
| Steve Schindler | | | | | | | |
| Check | 2/25/2004 | 5812 | | 102 FIB checking | 806 | Trustee t | -335 00 |
| Check | 4/28/2004 | 5851 | | 102 FIB checking | 806 | Trustee t | -1,051 50 |
| Check | 11/3/2004 | 5921 | | 102 FIB checking | 806 | Trustee t | -275 50 |

10 40 AM

07/25/05

Montana Operating Engineers AGC Vacation Savings Trust Fund
Vendor QuickReport
January through December 2004

| Type | Date | Num | Memo | Account | Clr | Split | Amount |
|------------------|-----------|-------|------|------------------|-----|---------|-----------|
| Steven Schindler | | | | | | | |
| Check | 2/25/2004 | 91970 | | 101 FIB checking | 815 | Trustee | -335 00 |
| Check | 4/28/2004 | 91996 | | 101 FIB checking | 815 | Trustee | -1,051 50 |
| Check | 11/3/2004 | 92045 | | 101 FIB checking | 815 | Trustee | -275 50 |